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MARIA PAULA KOVACS (Orpositer's nume)

Wavia Faula of Touris (Signature)

May 14, 2007 (Date)

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	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/767 248	01/28/2004	Him Van Tren	2102397-992820	47K5

TITLE OF INVENTION: MULTI-OPERATIONAL AMPLIFIER SYSTEM

nonprovisional EXAMINER NGUYEN, KH 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/12	AI M	\$1400 ART UNIT 2819	\$300 CLASS-SUBCLASS 330-253000	\$0	\$1700	05/14/2007		
NGUYEN, KH 1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/122	AI M	2819						
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351913-992820

Reg. No. 38,611

g. No. 38,611 Number:

Tel: 650-833-2258

U.S. Patent Application No. 10/767,248

Filing Date: January 28, 2004 First Named Inventor: Hieu Van Tran

Entitled: MULTI-OPERATIONAL AMPLIFIER SYSTEM

Pages:

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Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMENCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/767,248 Application Number TRANSMITTAL January 28, 2004 Filing Date FORM First Named Inventor Hieu Van Tran Art Unit 2819 NGUYEN, KHAI M. **Examiner Name** (to be used for all correspondence after initial filing) Total Number of Pages in This Submission Attorney Docket Number 351913-992820 ENCLOSURES (Check all that apply) × Fee Transmittal Form Drawing(s) After Allowance Communication to TC Fee Attached Licensing-related Papers Appeal Communication to Board of Appeals and Interferences Amendment/Reply Petition Appeal Communication to TC Petition to Convert to a (Appeal Notice, Brief, Reply Brief) After Final Provisional Application **Proprietary Information** Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Status Letter Terminal Disclaimer Extension of Time Request Other Enclosure(s) (please Identify helow): Request for Refund Express Abandonment Request 1. Part 8- Fee Transmittal PTOL-85; 2. Fax Cover Certificate of Facsimile CD, Number of CD(s) Information Disclosure Statement Transmission u 37 CFR. 1.8. Landscape Table on CD Certified Copy of Priority Remarks Document(s) The Commissioner is authorized to charge any additional fees which may be required, including petition fees and extension of time fees, to Reply to Missing Parts/ Incomplete Application Deposit Account No. 07-1896 (Docket No. 351913-992820). Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DLA PIPER US LLP Signature Printed name Andrew 🗗 🖒 chwaab Date May 14, 2007 Reg. No. 38.611 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Effective on 12/08/2004				Complete If Known				
	pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/767,248				
FEE TRANSMITTAL			Filing Date	January 28, 2004		· · · · · · · · · · · · · · · · · · ·		
For FY 2007			First Named Inventor	Hieu Van Tran				
			•	Examiner Name		NGUYEN, KHAI M.		
Applicant claims small e	Applicant claims small entity status. See 37 CFR 1,27					2819		
TOTAL AMOUNT OF PA	YMENT (\$) 1,721.00		Attorney Docket No.	35191	351913-992820		
METHOD OF PAYMEN	T (check all t	that apply)						
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FEE CALCULATION								
1. BASIC FILING, SEA								
	FILING F	EES mall Entity	SEAR	CH FEES	EXAMINA	ATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	1 500 1 610 (4)	
Design	200	100	100	50	130	65		
Plant	200	100	. 300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEI	2. EXCESS CLAIM FEES Small Entity							
Fee Description		70.				Fee (\$)	Fee (5)	
Each claim over 20 (inc Each independent claim						50	25	
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Total Claims Extra Claims Fee (5) Fees Paid (\$) Multiple Dependent Claims								
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Signature	and Laboret	Registration No. 38,611 (Attorney/Agent)	Telephone 650.833.2258
Name (Print/Type)	ANDREW B. SCHWAAB		Date May 14, 2007

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PAGE 4/4 * RCVD AT 5/14/2007 11:30:40 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/0 * DNIS:2732885 * CSID:650 833 2001 * DURATION (mm-ss):01-04 contributions.